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CENTRAL FAX CENTER****JAN 28 2008****FAX TRANSMISSION****DATE:** January 28, 2008**PTO IDENTIFIER:** Application Number 10/591,859-Conf. #4761
Patent Number**Inventor:** Per Herbert KRISTENSEN et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** BIRCH, STEWART, KOLASCH & BIRCH, LLP

Joe McKinney Muncy

PHONE: (703) 205-8026**Attorney Dkt. #:** 1380-0229PUS1**PAGES (Including Cover Sheet):** 17**CONTENTS:** Certificate of Transmission (1 page)
Fee Transmittal (1 page)
Petition for Extension of Time (1 page)
Amendment in Response to Non-Final Office Action (9 pages)
Replacement Sheets of Drawings (4 pages)

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CENTRAL FAX CENTER

JAN 28 2008

PTD/SB/97 (08-04)

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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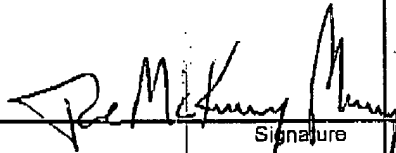
Application No. (if known): 10/591,859

Attorney Docket No.: 1380-0229PUS1

Certificate of Transmission under 37 CFR 1.8

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on January 28, 2008
Date



Signature

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Certificate of Transmission (1 page)

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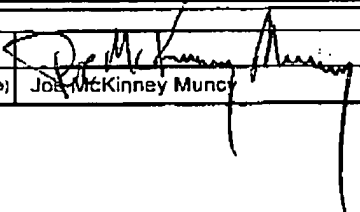
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PTO/SB/17 (10-07)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4810). FEE TRANSMITTAL For FY 2008		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/591,859-Conf. #4761
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	December 8, 2006
120.00		First Name Inventor	Per Herbert KRISTENSEN
		Examiner Name	J. D. Sotelo
		Art Unit	3617
		Attorney Docket No.	1380-0229PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):
Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																				
	FILING FEES		SEARCH FEES		EXAMINATION FEES															
		Small Entity		Small Entity		Small Entity														
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)													
Utility	310	155	510	255	210	105														
Design	210	105	100	50	130	65														
Plant	210	105	310	155	160	80														
Reissue	310	155	510	255	620	310														
Provisional	210	105	0	0	0	0														
2. EXCESS CLAIM FEES																				
Fee Description							Small Entity													
							Fee (\$)													
Each claim over 20 (including Reissues)							50													
Each independent claim over 3 (including Reissues)							210													
Multiple dependent claims							370													
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>24</td> <td>4</td> <td>200.00</td> <td>200.00</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	24	4	200.00	200.00	<table border="0"> <tr> <td colspan="2">Multiple Dependent Claims</td> </tr> <tr> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> </table>		Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
24	4	200.00	200.00																	
Multiple Dependent Claims																				
Fee (\$)	Fee Paid (\$)																			
HP = highest number of total claims paid for, if greater than 20.																				
<table border="0"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	1	0	0	0						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
1	0	0	0																	
HP = highest number of independent claims paid for, if greater than 3.																				
3. APPLICATION SIZE FEE																				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.15(s).																				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																
- 100 =	/50 =	(round up to a whole number) x	=																	
				Fee Paid (\$)																
4. OTHER FEE(S)																				
Non-English Specification, \$130 fee (no small entity discount)																				
Other (e.g., late filing surcharge): 1251 Extension for response within first month 320.00																				

SUBMITTED BY		Registration No. 32,334	Telephone (703) 205-8026
Signature 	Name (Print/Type) Joe McKinney Muncy	Date January 28, 2008	